

Life is  
better in  
focus.™



## Get access to the best in eye care and eyewear with LEE'S SUMMIT R-7 SCHOOL DISTRICT and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### You'll like what you see with VSP.

- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's online eyewear store.

Save with VSP Coverage	Without VSP Coverage	With Buy-Up Plan Coverage
Eye Exam	\$168	\$10
Frame	\$200	\$25
Single Vision Lenses	\$92	\$70
Photochromic Adaptive Lenses	\$111	\$0
Anti-reflective Coating	\$114	\$227.52
Employee-only Annual Contribution	N/A	\$332.52
<b>Total</b>	<b>\$685</b>	<b>\$332.52</b>

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: **\$352.48**

Enroll in VSP today. You'll be glad you did.  
Contact us. 800.877.7195  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2018

LEE'S SUMMIT R-7 SCHOOL DISTRICT and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Basic Plan		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	\$10	
<b>Prescription Glasses</b>		\$25	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$180 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco® frame allowance</li> <li>Every 24 months</li> </ul>	Included in Prescription Glasses	
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$30	
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60	
<b>Your Monthly Contribution</b>	\$11.88 Employee only \$18.64 Employee + spouse	\$18.38 Employee + child(ren) \$29.64 Employee + family	

Buy-Up Plan		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	\$10	
<b>Prescription Glasses</b>		\$25	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$200 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses	
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Anti-reflective coating</li> <li>Progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0	\$30
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60	
<b>Your Monthly Contribution</b>	\$18.96 Employee only \$29.74 Employee + spouse	\$29.34 Employee + child(ren) \$47.30 Employee + family	

<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>
	<ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Retinal Screening</b>
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>
	<b>Laser Vision Correction</b>
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

Your Coverage with Out-of-Network Providers		
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit <a href="http://vsp.com">vsp.com</a> for plan details.		
Exam .....	up to \$45	Lined Bifocal Lenses .....
Frame .....	up to \$70	Lined Trifocal Lenses .....
Single Vision Lenses .....	up to \$30	Progressive Lenses .....
		Contacts .....
		up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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